District of Columbia Department of Health

HIPAA Glossary

- **Administrative Procedures:** Documented, formal practices to manage the selection and execution of security measures to protect data and the conduct of personnel in relation to protected health information.
- **Administrative Simplification:** Sections 261 through 264 of HIPAA are known as the Administrative Simplification provisions. These regulations seek to facilitate the efficiencies and cost savings for the health care industry that the increasing use of electronic technology affords.
- Authorization: The mechanism for obtaining consent from a patient/client for the use and disclosure of health information.
- **Business Associate:** With respect to a covered entity, a person to whom the covered entity discloses protected health information so that person can carry out, assist with the performance of, perform on behalf of, a function or activity for the covered entity. The service involves disclosure of protected health information by the covered entity to the business associate. The specified services are legal, actuarial, accounting, consulting, management, administrative, accreditation, data aggregation, and financial services. A business associate may be a covered entity; business associate excludes a person part of the covered entity's workforce.
- **Consent:** The agreement of an individual for a given action relative to the individual. In healthcare, consent refers to a communication process between the caregiver and the patient, and may refer to consent for treatment, special procedures, release of information, and advanced directives.
- Code Set: Any set of codes used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.
- **Covered Entity:** A health plan; a health care clearinghouse; or a health care provider who transmits any health information in electronic form in connection with a transaction.
- **Health Care Arrangement:** An organized system of health care in which more than one covered entity participates, and in which the participating covered entities hold themselves out to the public as participating in a joint arrangement, and in which the joint activities of the participating covered entities include at least one of the following: utilization review, quality assessment and improvement activities, or payment activities.
- **Individually Identifiable Health Information:** A subset of health information, including demographic information collected from an individual, created or received by a covered entity or employer.
- **Protected Health Information:** All individually identifiable health information (communicated electronically, on paper, or orally) that are created or received by covered health care entities that transmit or maintain information in any form.
- **Physical Safeguards:** The protection of physical computer systems and related buildings and equipment from fire and other natural and environmental hazards, as well as from intrusion. Physical safeguards also cover the use of locks, keys, and administrative measures used to control access to computer systems and facilities.
- **Standard:** Data element or transaction that meets the standards and implementation specifications established by the Secretary of DHHS per data element or transaction under sections 1172 through 1174 of the HIPAA law. Requirements adopted or established to preserve and maintain the confidentiality and privacy of electronically stored, maintained, or transmitted health information per an organization accredited by the ANSI or HHS.
- **Technical Security Services:** The processes that are put in place to protect, control and monitor information and access.
- **Technical Security Mechanisms:** Processes that are put in place to prevent unauthorized access to data that is transmitted over a communications network.
- **Transaction:** Exchange of information between two parties to carry out financial and administrative activities related to health care. Examples include health claims, health care payment, coordination of benefits, health claim status, enrollment or disenrollment, referrals, etc